

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS <u>1155 Carson</u>			
CITY <u>Beverly Hills</u>			
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT	
TRACT	BLOCK	LOT NO.	
OWNER <u>Harold Gershman</u>		TEL. NO.	
ADDRESS <u>215 S. La Cienega Blvd.</u>			
CITY <u>Beverly Hills</u>			
ARCHITECT OR ENGINEER		TEL. NO.	
ADDRESS			
CONTRACTOR		TEL. NO.	
ADDRESS		LIC. NO.	
CITY		LIC. CLASS	
CONSTRUCTION LENDER NAME AND BRANCH			
ADDRESS		CITY	
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	CHECK ONE
DESCRIPTION OF WORK			NEW <input type="checkbox"/>
<u>1 fire wall 12x15</u>			ADD <input type="checkbox"/>
<u>1 portacool 8x12</u>			ALTER <input type="checkbox"/>
USE OF EXISTING BLDG. <u>INTERIOR WORK</u>			REPAIR <input type="checkbox"/>
APPLICANT (PRINT) <u>HAROLD GERSHMAN</u>			DEMOL <input type="checkbox"/>
BY (SIGNATURE)			
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.			
SIGNATURE OF PERMITTEE <u>Harold Gershman</u>			
ADDRESS <u>215 S. LACIENEGA BLVD</u>			
CITY <u>BEVERLY HILLS</u>		TEL. NO. <u>659-5024</u>	
VALUATION \$ <u>450.00</u>			

BUILDING ADDRESS <u>1155 Carson</u>			
LOCALITY <u>Beverly Hills</u>			
NEAREST CROSS ST.			
ASSESSOR MAP BOOK <u>7345</u>	PAGE <u>16</u>	PARCEL <u>21</u>	
DISTRICT <u>12</u>	GROUP <u>B-2</u>	TYPE CONST.	FIRE ZONE <u>3</u>
STATISTICAL CLASSIFICATION CLASS NO. <u>22</u>		DWELL. UNITS <u>0</u>	
USE ZONE <u>C-3</u>	MAP NO. <u>4209</u>	SEWER MAP <u>TR B55</u>	
SPECIAL CONDITIONS			
ROAD DEPARTMENT APPROVAL REQUIRED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
BLDG. SETBACK FROM FRONT PROP. LINE OF _____ (STREET)			
HIGHWAY + YARD =	TOTAL SETBACK FROM FRONT PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
+ =			
BLDG. SETBACK FROM SIDE PROP. LINE OF _____ (STREET)			
HIGHWAY + YARD =	TOTAL SETBACK FROM SIDE PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
+ =			
CORNER CUTOFF		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IN OPEN SPACE		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IN COASTAL PERMIT ZONE		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Subject to field approval</u>			
FINAL DATE <u>2/11/70</u>		BY <u>Reuel</u>	
P.C. Fee \$		Permit Fee <u>10.00</u>	
		Issuance Fee <u>7.00</u>	
		Total Fee <u>17.00</u>	

INSPECTOR COPY

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CK. M.O. CASH

108 JAN 26 A 01

17.00

Reuel

PLANS TO APPLICANT

TO:		RETURNED		APPROVED
NO	DATE	NO	DATE	

INSPECTOR'S NOTES

WORKER'S COMPENSATION CERTIFICATION

I certify that I am a person who for the work to be done under this permit and that I am the owner of the work for which this permit is issued. I shall be responsible in every manner so as to become subject to the Workers' Compensation Act of California.

I further certify that I am not a contractor under this permit. I shall be responsible for the construction under this permit. I will file the required certificate of insurance and realize that to do so will be a condition of the permit. I have read an explanation of the terms and conditions of this certificate and fully understand them.

Signature Harold Ruckman

Title owner

Date 4-26-78

APPROVALS

REQUIRED

YES NO

DATE RECEIVED OR APPROVED

WATER CERTIFICATE

HEALTH DEPARTMENT

FIRE DEPARTMENT

GRADING

GEOLOGICAL

PEDESTRIAN PROTECTION
(FENCE) (CANOPY)SPECIAL INSPECTION
(CONC.) (MASNRY.) (WELDG.)

LOT DRAINAGE

PARKING

APPROVALS

DATE

INSPECTOR'S SIGNATURE

LOCATION-
(SETBACK & YARDS)

FOUNDATIONS

FRAME

LATH/DRYWALL
INTERIOR

LATH-EXTERIOR

HOUSE NUMBER-
CORRECT & POSTEDFINAL-
ENTER ON FRONT

1-30-78

Bernal

WORKER'S COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements, I will file the required certificate of insurance and realize that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understand them.

Signature

George R. Bungg

Title

OWNER

Date

14 FEB. 78